



PTO/SB/17 (12-04)

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Effective on 12/08/2004.

As pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**25.00****Complete if Known**

Application Number	10/798,796
Filing Date	March 11, 2004
First Named Inventor	Wasserscheid
Examiner Name	C.O. Nwaonicha
Art Unit	1621
Attorney Docket No.	VKSW-1

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)\*  
☒ Deposit Account Deposit Account Number: **501527** Deposit Account Name: **Innovar, L.L.C., Rick Matos**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** 22 - 20 or HP = 1 x 25 = 25 **Fee Paid (\$)**  
HP = highest number of total claims paid for, if greater than 20  
**Indep. Claims** 3 - 3 or HP = 0 x 100 = 0 **Fee Paid (\$)**  
HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** 20 - 100 = 0 **Extra Sheets** 0 / 50 = 0 **Number of each additional 50 or fraction thereof** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other:

**Fees Paid (\$)****SUBMITTED BY**

Signature

Registration No. **40,082**  
(Attorney/Agent)Telephone **972-747-7373**Name (Print/Type) **RICK MATOS**Date **SEPT. 13, 2005**

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



1FW \$  
Docket No. VKSW-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent application of:  
WASSERSCHIED. et al.

Serial No.: 10/798,796  
Filed: 03/11/2004

Group Art Unit: 1621  
Examiner: Chukwuma Nwaonicha

For: Ionic Liquids

Mail Stop  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first claim mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 13, 2005.	
_____ Rick Morris Typed or printed name of person mailing paper	
_____ Signature of person mailing paper	

AMENDMENT

Applicants hereby submit the following amendment.

Enclosed herewith is an "Amendments to the Claims". A fee transmittal is enclosed herewith. The Commissioner is hereby authorized to charge deposit account No. 501527 the amount due (\$25) for the extra claim fee.

Applicants request full consideration thereof and entry into the record.

09/21/2005 DEHMANU1 00000017 501527 10798796

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